



Bib Data Sheet



**UNITED STATES DEPARTMENT OF COMMERCE
Patent and Trademark Office**

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Washington, D.C. 20231

SERIAL NUMBER 09/557,149	FILING DATE 04/25/2000 RULE -	CLASS 345	GROUP ART UNIT 2773	ATTORNEY DOCKET NO. 15-4-296.53
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APPLICANTS

Steven Y. Yohanan, San Francisco, CA ;

**** CONTINUING DATA *******

THIS APPLICATION IS A CON OF 09/201,815 12/01/1998 PAT 6,072,491
 WHICH IS A CON OF 09/026,775 02/20/1998 PAT 5,877,767
 WHICH IS A CON OF 08/580,742 12/29/1995 PAT 5,737,560

*Yes, sh.***** FOREIGN APPLICATIONS ********No, sh.***IF REQUIRED, FOREIGN FILING LICENSE GRANTED**

** 06/28/2000

Foreign Priority claimed	<input type="checkbox"/> yes <input checked="" type="checkbox"/> no
35 USC 119 (a-d) conditions met	<input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after Allowance
Verified and Acknowledged	<i>MS</i> Examiner's Signature <i>MM</i> Initials
STATE OR COUNTRY	CA
SHEETS DRAWING	4
TOTAL CLAIMS	2
INDEPENDENT CLAIMS	1

ADDRESS

Sterne Kessler Goldstein & Fox PLLC
 Suite 600
 1100 New York Avenue NW
 Washington ,DC 20005-3934

TITLE

Graphical method and system for accessing information on a communications network

FILING FEE RECEIVED 690	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees (Filing) <input type="checkbox"/> 1.17 Fees (Processing Ext. of time) <input type="checkbox"/> 1.18 Fees (Issue) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit
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Bib Data Sheet

CONFIRMATION NO. 9307

SERIAL NUMBER 09/557,149	FILING DATE 04/25/2000 RULE	CLASS 345	GROUP ART UNIT 2174	ATTORNEY DOCKET NO. 15-4-296.53
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APPLICANTS

Steven J. Yohanan, San Francisco, CA;

** CONTINUING DATA *****

THIS APPLICATION IS A CON OF 09/201,815 12/01/1998 PAT 6,072,491
 WHICH IS A CON OF 09/026,775 02/20/1998 PAT 5,877,767
 WHICH IS A CON OF 08/580,742 12/29/1995 PAT 5,737,560

Yes ,*1*

** FOREIGN APPLICATIONS *****

R

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Foreign Priority claimed	<input type="checkbox"/> yes <input checked="" type="checkbox"/> no	STATE OR COUNTRY CA	SHEETS DRAWING 4	TOTAL CLAIMS 10	INDEPENDENT CLAIMS 8
35 USC 119 (a-d) conditions met	<input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after Allowance				
Verified and Acknowledged	Examiner's Signature <i>[Signature]</i> Initials <i>[Initials]</i>				

ADDRESS

22801

TITLE

Graphical method and system for accessing information on a communications network

FILING FEE RECEIVED 770	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees (Filing) <input type="checkbox"/> 1.17 Fees (Processing Ext. of time) <input type="checkbox"/> 1.18 Fees (Issue) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit
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